STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM See Instructions and *Privacy CDC 1880 Statement On Reverse Side CLAIMANT'S NAME SSN OR EMPLOYEE NUMBER DEPARTMENT POSITION CBID DIVISION OR BUREAU INDEX NUMBER RESIDENCE ADDRESS* HEADQUARTERS ADDRESS TELEPHONE NUMBER CITY STATE ZIP CODE CITY STATE ZIP CODE (1) MONTH/YR (5) (7) O.T.,L/T, N/C,RELO, (D) PRIVATE CAR USE (B) (C) CARFARE. (2) TOTAL LOCATION BREAK-INCIDEN-COST OF TYPE TOLLS, BUSINESS **EXPENSES** DINNER WHERE EXPENSES WERE INCURRED DATE TIME LODGING FAST LUNCH TALS TRANS. USED **PARKING** MILES AMOUNT **EXPENSE** FOR DAY (10) **SUBTOTALS** 0.00 **CLAIM TOTAL** \$ (11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required) WORK (12) NORMAL WORK HOURS PCA **PROJECT** PHASE OBJ AO AMOUNT OBJ AO AMOUNT OBJ AO AMOUNT OBJ AO AMOUNT TOTAL N/A (13) PRIVATE VEHICLE LICENSE No. (14) MILEAGE RATE CLAIMED

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

DATE

\$ 0.500

AGENCY ACCOUNTING
OFFICE USE ONLY
PAID BY REV. FUND CHECK No.

CLAIMANT'S SIGNATURE

TOTALS

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE